



Please provide the following information for each co-defendant.

Co-Defendant Data Sheet

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number
Defendant Name	First:	Middle:	Last:

Complaint/Incident Number	Co-Defendant # _____
<hr/>	
(Name)	
<hr/>	
(Home Street Address)	
<hr/>	
(City, State, & ZIP Code)	(Telephone #)

Complaint/Incident Number	Co-Defendant # _____
<hr/>	
(Name)	
<hr/>	
(Home Street Address)	
<hr/>	
(City, State, & ZIP Code)	(Telephone #)

Complaint/Incident Number	Co-Defendant # _____
<hr/>	
(Name)	
<hr/>	
(Home Street Address)	
<hr/>	
(City, State, & ZIP Code)	(Telephone #)

Complaint/Incident Number	Co-Defendant # _____
<hr/>	
(Name)	
<hr/>	
(Home Street Address)	
<hr/>	
(City, State, & ZIP Code)	(Telephone #)